## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANG</b>	ES IN BEI	NEFICIAL (	OWNERSI	HIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average	burden						
hours per response	: 0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * TOMLINSON TIMOTHY			2. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [ VRSN ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner									
(Last) 12061 B	,	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/27/2020							Officer (give title below)			е	Other (specify below)		
(Street) RESTON (City)	N VA		0190 Zip)		4. If A							Line)	Individual or Joint/Group Filing (Check Applicable te)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date		2. Transact Date (Month/Day	Execution Date,				s Acquired (A) of (D) (Instr. 3, 4			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code V Amount (A) or Price (Instr. 3 and 4)				ion(s)	(11150.4)		(instr. 4)								
Common Stock 04/2			04/27/2	020			G		243	D \$		0	15,000		I		by Tomlinson Family Trust		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any		tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Exerc		cisable and ate Amoun Securit Underly Derivat Securit 3 and 4		int of ities rlying ative ity (Ins	tr.	Derivative Security (Instr. 5) Benei Owne Follox Repo Trans		ecurities F eneficially D		t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Numb of Share						

Explanation of Responses:

Remarks:

Thomas C. Indelicarto,

Attorney-in-Fact for Timothy 04/28/2020

**Tomlinson** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).